NOAA Corps members who have completed a PCS and must submit a Travel Claim (DD 1351-2) for reimbursement.

To begin your PCS claim process you will need:

- Your original PCS travel orders
- DD Form 1351-2 (Revision July 2004)
- Receipts for transportation, lodging for TLE, and any item \$75.00 or more.

Beginning your PCS Claim

Important!

A complete and legible travel claim is required to receive correct reimbursement.

DD Form 1351-2

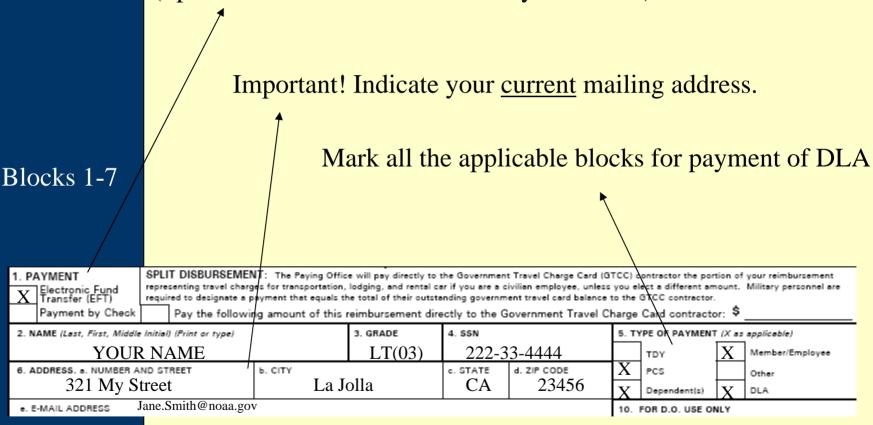
	Read Privacy Act Statement, Penalty Statement, and Instructions on back before																		
TRAVEL VOUCHER OR SUBVOUCHER							completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.												
1. PAYN	MENT SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your relimbursement representing travel charges for imagorization, ledging, and rental car if you are a civilian employee, unitarity you sked a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card believe to the GTCC contractor.																		
Payment by Check Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor:																			
NAME (Lest, Phat, Middle Initial) (Print or type) 3. GRADI							0E 4.88N			-	E OF PAYMER	AT /X az		cable) nber/Employee					
6. ADDRESS, a. NUMBER AND STREET b. CITY							c. STATE d. ZIP CODE		-	PCS		Othe							
a CHAIL ADDOPPE													-	Dependent(z)		DLA	L.		
G-MAIL ADDRESS DAYTIME TELEPHONE NUMBER & 8. TRAVEL ORDER(AUTHORIZATION 5)							5. PREVIOUS GOVERNMENT PAYMENTS/						10. FOR D.O. USE ONLY a. D.O. VOUCHER NUMBER						
AREA CODE NUMBER							ADVANCES												
11. ORGANIZATION AND STATION													b. SUBVOUCHER NUMBER						
$\overline{}$			complete as as					13. DEPENDENTS' ADDRESS ON RECEIPT OF							c. PAID BY				
	COMP				COMPAN		RIBTU	ORDERS (Include 2(p Code)											
s. NAN	AS (Cas	r, Phat, Mic	(alle (mittel)	b. RELATIO	NSHIF	OR MAR	RIAGE												
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								14. F	NAVE HOUSEHOLD GOODS BEEN SHIFFED? d. COMPUTATION						rS .				
15. ITINE	BARY							YES NO (Explain in Sements)											
e. DATE		b. PLACE	(Home, Offic City a	e, Baze, Act	why, chy	and State;		MEANS/ RE MODE OF TRAVEL 5			SON OR OF	LODGING FOC COST MILES							
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	ARR														ctual Expense	Allowen	E.O.		
16. POC	TRAVE	L (X one)	OWN	OFERATE		FA	SSENGE	=		Н	17. DU	RATION OF TO	Y TRAVEL	(4) Dependent Travel					
	_	BLE EXPEN							d. ALLOWED 12 HOURS OR LESS				(8) DLA						
e. DA1	ne.		b. NATURE O	FEXPENSE		c. AM	DUNT	d. A	TTOW	(ED				(6) Reimburzable Expenses (7) Total		\dashv			
												MORE THAN 12 BUT 24 HOURS		(B) Less Advance			\dashv		
												MORE THAN 24 HOURS		(3) Amount Owed		⇉			
												OVERNMENT/DEDUCTIBLE		(10) Amount Due					
						-		_		\dashv		D. DATE	b. NO. O			DATE	_	b. NO. OF MEALS	
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20.a. CLAIMANT SIGNATURE b. DATE						c. SUPERVISOR SIGNATURE													
21.a. APPROVING OFFICER SIGNATURE																b. DATE			
22. ACCOUNTING CLASSIFICATION																			
23. COLLECTION DATA																			
24. COMPUTED BY 25. AUDITED BY 26. TRAVEL ORDER! AUTHORIZATION POSTED				TEO BY 27. RECEIVED (Payee Signature and Date or Check No.) 28. AMOUNT PAID					DUNT PAID										

DD FORM 1351-2, JUL 2004

PREVIOUS EDITIONS ARE OBSOLETE

eption to SF 1012 approved by 684.4BMS 12.51

Elect the type of payment (EFT is the only authorized payment method). (Split Disbursement is not currently available.)



Please enter your daytime telephone area code and number.

This is the Travel Order Number (TONO) or Document Number from your original set of orders.

Enter the amount of any previous claims for this PCS. <u>Do not</u> include charges against your Government-Issued Travel Card as an advance payment.

Blocks 7-14

	AYTIME TELEPHONE NUMBER & (785) 295-2000	7	JMBER	authorization Digits		REVIOUS (NMENT PAYMENTS/		
	RGANIZATION AND STATION 3 Ave., La Jolla, CA 55555	\$500.00								
12. D	EPENDENT(S) (X and complete as a	13. DEPENDENTS' ADDRESS ON RECEIPT OF								
	ACCOMPANIED		UNACCOMPA	ORDERS (Include Zip Code)						
a. NAME (Last, First, Middle Initial)			ELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE						
						14. HAVE HOUSEHOLD GOODS BEEN SHIPPED (X one)				
						YES		NO (Explain in Remarks)		

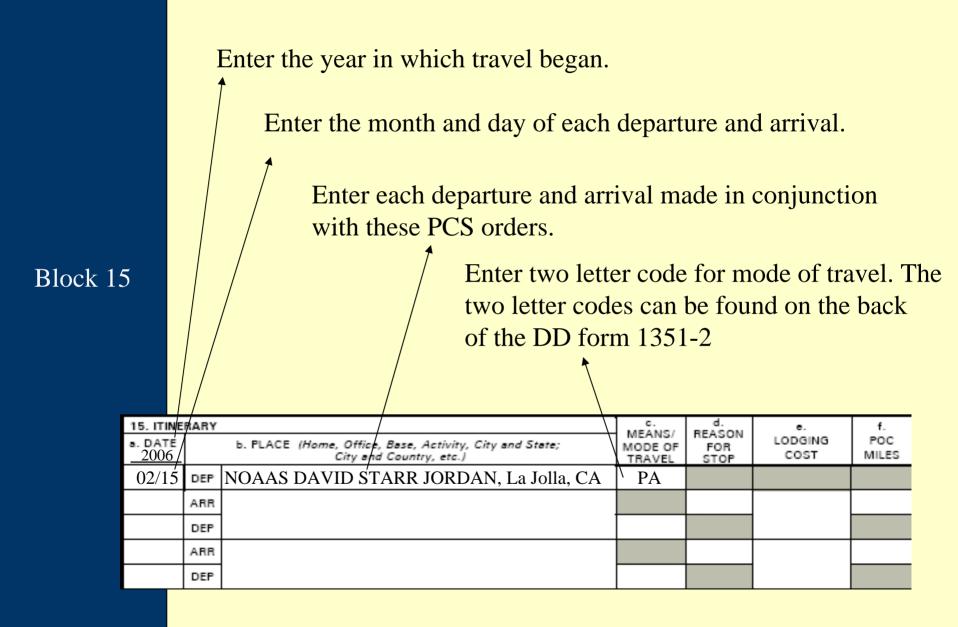
If you have dependents, indicate which dependents accompanied you on this PCS move. Indicate:

- Last Name, First Name, Middle Initial
- Relationship, son, wife etc. and
- Date of marriage or birth.

Blocks 7-14 Continued

At the time of this claim, have your Household Goods been shipped?

7. DAYTIME TELEPHONE NUMBER & AREA CODE (785) 295-2000	8. TRAVEL ORDER/AUTHORIZATION NUMBER 9 Digits	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES				
11. ORGANIZATION AND STATION 123 Ave., La Jolla,	\$500.00					
12. DEPENDENT(S) (X and complete as a	13. DEPENDENTS' ADDRESS ON RECEIPT OF					
X ACCOMPANIED	UNACCOMPANIED	ORDERS (Include Zip Code)				
a. NAME (Last, First, Middle Initial)	b. RELATIONSHIP G. DATE OF BIRTH OR MARRIAGE	123 Any Street La Jolla, CA				
Smith, Mary J.	Wife 1 JUN 80	66600				
Smith, Paul A.	Son 1 JUN 92					
		 HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one) 				
		X YES NO (Explain in Remarks)				



Enter the two letter code for stopping.

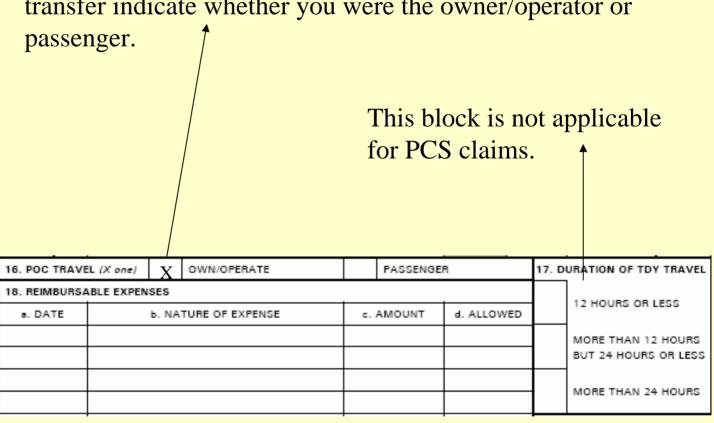
The two letter codes can be found on the back of the DD form 1351-2

For PCS, do not enter your lodging costs here. TLE may be claimed as a Reimbursable Expense (Block 18). A receipt is required. If POC used, enter the actual miles driven. 15. ITINERARY f. REASON /IEANS/ POC LODGING 2006 MODE OF b. PLACE (Home, Office, Base, Activity, City and State; FOR COST MILES City and Country, etc., PA Silver Spring, Maryland 01/12 MC 975 01/14 MacDill AFB, Florida N/A DEP

Block 15 Continued

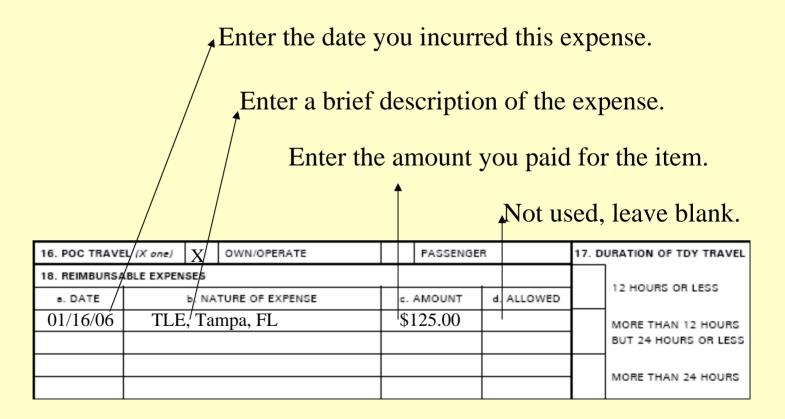
If you used a privately owned vehicle for any portion of this transfer indicate whether you were the owner/operator or

Blocks 16-17



Use blocks 18a through 18c to claim reimbursable expenses.

- Receipts are required for all Temporary Lodging Expenses (TLE).
- Receipts are required for each item of \$75.00 or more.



Block 18

18. REIMBURSABLE EXPENSES									
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED						
01/16/06	TLE, Tampa, FL	\$125.00							

TLE - Temporary Lodging Expenses

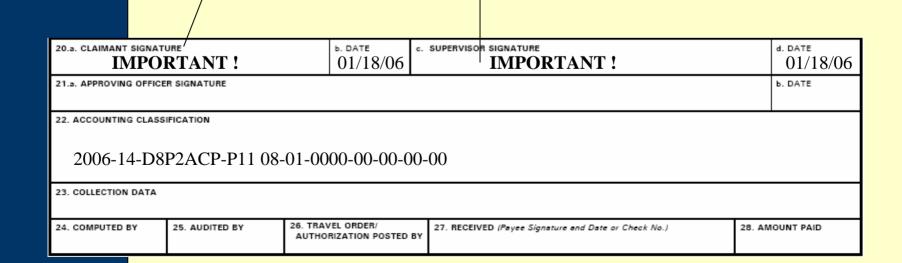
- 1. TLE is payable at the old or new PDS for:
 - •Lodging and Meals, or
 - •Meals only.
- 2. TLE maximum payable is 10 days:
 - •It may be divided between the old and new PDS.
 - •If leaving CONUS, TLE maximum is 5 days.
- 3. To claim TLE, the following are required:
 - •An itemized lodging receipt from a hotel or motel
 - •Block 18, Nature of Expense must show the Establishment, City and State where you stayed.
- 4. Other TLE notes:
 - •If you stay with family /friends you are only entitled to the Meal portion of TLE.
 - •Maximum daily amount of TLE is \$180.00
 - •TLE is not payable for days when Per Diem is paid.
 - •TLE is not paid on the first or last PCS transfer when entering or leaving active duty nor on Permissive Orders.

Block 18 Continued

You MUST sign your claim and have a Supervisor signature for your claim to be processed.

(A signature is not required in 21.a.)





Additional information about PCS entitlements are detailed in Chapter 5 of the JFTR: https://secureapp2.hqda.pentagon.mil/perdiem/

If you need more room to claim additional items, use DD Form 1351-2C - Continuation Sheet.

If you need space to record remarks, use the space provided on the reverse side of the DD 1351-2.

Remarks and Continuation

For additional information please call the Commissioned Personnel Center at: 1-800-224-6622 or 301-713-3453.